PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

Helena, MT 59620-2501								
First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning						20		
		month	day		m	onth da	y	
ICATIO	N:							
mation on	this form is complete	and accurate to th	e best of my kno	owledge.				
	Si	gnature, Chair, Boar	d of Trustees					
ounty: District:					District Level:			
06 Carter 0087 Ekalaka Elem					Elementary			
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
15	1 Chalk Buttes	144	1.15	54	None			
15	1 MILL Iron	100	1.15	54	12/13/04			
15	2 HWY 7	128	1.15	54	12/13/04			
15	2 Ridgway	160	1.15	54	None			
15	3 Beaver Flats	60	0.95	16	None			
	ETE THO In is for the ICATIOI mation on District # 15 15 15 15	Fir February 1 to February 15 to February 15 to February 15 to ETE THIS CLAIM FOR In is for the period beginning	First Semester February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIMI In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRADE is for the period beginning	First Semester Second Semester May 10 to County Superintendent May 24 to State Superintendent May 10 to County Superintendent May 24 to State Superintendent May 24 to St	

TR-6 (1/05) Page 1

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CO

CO

2 Ridgway

3 Beaver Flats

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160

60

1.15

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation County				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning										
month day month day										
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District:							District Leve	el:		
06 Carter 0097 Carter County H S					}	High School				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
33	CO	1 Chalk But	ttes	144	1.15	54	None			
60	CO	1 MILL Iro	on	100	1.15	54	12/13/04			

54

16

None

None

TR-6 (1/05) Page 1